

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | JB | | 06-21-01 |
| O.I.P.E. CLASSIFIER | | 43 | 6/29/01 |
| FORMALITY REVIEW | T | 1038 | 9/28/01 |
| RESPONSE FORMALITY REVIEW | SSB | 1091 | 11-13-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | 02 07 | |
| 2 | ✓ | 19 30 | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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JB
856
11/13/01